The Maryland Department of Health and Mental Hygiene (DHMH) is holding an open submission period for **health information technology innovations** to feature on our **Innovations website**.

About the Innovations Website

The website serves as a clearinghouse for innovations in health care in Maryland. Its goal is to highlight successful efforts to reform the delivery and financing of health care and spread them across the state to achieve maximum impact. The website is part of a larger effort to transform the health care delivery system in Maryland to one that promotes improved access and quality while reducing spending. As the number of innovations on the website continues to grow, we will be adding new features to make it more user-friendly, such as making it searchable by area of interest.

Call for Health IT Innovations

While we already have many clinical innovations, we would like to expand the database to include a section focused exclusively on health IT. We are particularly interested in IT innovations that align with changes in health care delivery and have evidence of reducing costs. Examples include, but are not limited to, new electronic health record tools and use cases, connections with the state health information exchange, decision support systems, care management tools, incorporation of IT into workflow, and telemedicine technologies.

Submission Instructions

The priority deadline for submissions under this solicitation is **January 15, 2013**. We encourage you to review the selection criteria on our website and submit the attached application form. Please forward this solicitation to individuals and organizations that may be engaged in innovative practices.

Questions or comments may be directed to:
Russ Montgomery, MHS
Policy Advisor
Maryland Department of Health and Mental Hygiene
russ.montgomery@maryland.gov
410-767-3173

Project Submission Form

Part A. Eligibility

Please respond to the following questions to determine eligibility for inclusion

1. Is your submission a formal project or program?   Yes   No

2. Does your project or program have at least one project site in the state of Maryland?   Yes   No

3. Is your project or program currently ongoing?   Yes   No

4. Is your project or program offering a new health care service, system of care delivery, payment structure, use of health I.T., or business model?   Yes   No

5. Is your project or program seeking to improve population health, enhance the patient experience or reduce health care costs?   Yes   No

6. Is your project or program evaluating patient outcomes and/or cost (including ED or hospital utilization data)? Please note, the database will not include projects that evaluate solely on the basis of HEDIS measures or access outcomes.

7. Will you allow DHMH to post a copy of your project summary on the Health Care Innovations in Maryland Site (You will have an opportunity to review the final project summary before it is posted on the site)?   Yes   No

8. Do you agree to submit your current and future outcomes data to DHMH for inclusion on the Health Care Innovations in Maryland Site?   Yes   No

Part B. Project Information

Please provide the following information about your project:

1. **Name of Organization:** (please include a link to the organization's website)

2. **Project Description:** (2-4 paragraphs)

3. **Evaluation Type**: Please indicate the type of evaluation that you are conducting (The definitions of evaluation types are listed below)

   Experimental   Quasi-Experimental   Non-Experimental/Qualitative Support

   - **Experimental:** The organization conducted/ is conducting an evaluation using an experimental design based on random allocation of patients or groups of patients to comparison groups.
   - **Quasi-Experimental:** The organization conducted/ is conducting a systematic evaluation of the impact of the innovation using a quasi-experimental design which could include the non-random assignment of individuals to comparison groups, before and after comparisons in one group, and/or comparisons with historical baseline or control.
   - **Non-Experimental/ Qualitative Support:** The organization conducted/ is conducting an evaluation based on non-experimental or qualitative support for an association between the innovation and the targeted health outcomes or processes. This evidence may include non-comparative case studies, correlation analysis or anecdotal reports.

4. **Description of Evaluation Plan:** (1-3 paragraphs)

5. **Available patient outcomes data or the outcomes you plan to measure:** (including any relevant charts or graphs)

6. **Available Cost Outcomes data or the outcomes you plan to measure:** (including any relevant charts or graphs)

7. **Other results of interest:**

8. **Publications:** (if the publication is online, please provide a link to the publication)

9. **A Description of Target Population:** (1-3 sentences)

10. **Date of Implementation:**

11. **Contact Information:**
    a. Name:
    b. Title:
    c. Organization:
    d. Phone number:
    e. Email:

12. **A link to learn more about the project online:** (if available)

13. **Multimedia**: (any available pictures or videos)

Please submit via email to:
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